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ABSTRACT

This basic course in oral communication developed especially for hospital employees is designed to be taught onsite and to complement a hospital's other training and staff development efforts. The topical focus is workplace communication. The course is designed as a 16-hour course, with eight 2-hour sessions. The curriculum guide consists of a list of course goals, list of homework assignment, and informational materials, activities, and exercises for these eight sessions: good communication; how to communicate well; listening: empathy and paraphrase; listening: clarifying and moving on; how to discuss; coping with criticism; how to act; and review and course evaluation. A reading on communicating in health care settings is provided. The teacher's guide explains the philosophy of the course. It lists course goals, (including participant role, instructor role, and evaluation) and offers sample lesson plans. Each lesson plan has a brief narrative description of class activities and goals and a time plan. The teacher's guide also describes how teachers can adapt the course to make it more work-related and more responsive to different audiences. Suggestions for recordkeeping conclude the guide. (YLB)

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p r e s e n t s

Straight Talk

Communicating in Health Care Settings

Straight Talk: Communicating in Health Care Settings

An offering of Step *Ahead:*

A Partnership for Improved Health Care Communication

Sponsored by

The Hospitals of New Mexico
and
The Department of English
New Mexico State University

Revised 9/9/92

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As a demonstration project, we are eager to share these materials with others who are engaged in not-for-profit literacy work. If you would like to use our materials, please write for permission to:

Step *Ahead*
New Mexico State University
Department of English, Box 3E
Las Cruces, New Mexico 88003

505-646-3931

We gratefully acknowledge the assistance of our partner organizations and especially wish to thank our many students who told us it really did make a difference.

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Dr. Stephen A. Bernhardt and Dr. Paul R. Meyer, Co-Directors

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Course Plan

Straight Talk: Communicating in Health Care Settings

Week 1: What is Good Communication?

Session 1: Introduction

Straight Talk course goals (p. 1)
Pre-test
The importance of communication (p. 6)
Why be a good communicator? (p. 8)
Reading and writing assignments (p. 2)

Session 2: How to communicate well: listen, discuss, act.

Discuss reading and writing assignments
Exploring the staff-patient relationship (p. 10)
The Patient Bill of Rights (p. 11)
Reading assignment (p. 2)

Week 2: Listening

Session 3: Empathy and Paraphrase.

Discuss reading assignment
Empathy (p. 14)
Body language (p. 17)
Paraphrasing (p.18)
Roleplays
Reading assignment (p. 2)

Session 4: Clarifying and Moving On

Discuss reading assignment
Clarifying (p. 23)
Listening practice (p. 24)
Behaviors that short-circuit communication (p. 26)
When to move on (p. 29)
Roleplays
Reading assignment (p. 2)

Week 3: Discussing

Session 5: How to Discuss

Discuss reading assignment and real-world test of listening skills.
How to discuss (p. 30)
Open vs. closed questions (p. 32)
Short-circuiting discussion (p. 33)
Guiding conversations (p. 34)
Reading assignment (p. 2)

Session 6: Coping with Criticism

Discuss reading and writing
Communication styles (p. 35)
Coping with criticism (p. 37)
Reading assignment (p. 2)

Week 4: Acting

Session 7: How to Act

Discuss reading assignment
How to finish up a conversation (p. 41)
Self assessment (p. 42)
Responding to conflict (p. 43)
How to confront (p. 44)
Reading assignment (p. 2)

Session 8: Review and Course Evaluation

Discuss reading assignment
Problem people (p. 49)
Wrapping it all up (p. 53)
Post-test
Course evaluation

Straight Talk
Course Goals

At the end of this course, you will be able:

- ❒ to communicate more confidently
- ❒ to paraphrase others
- ❒ to avoid becoming defensive in a conflict
- ❒ to guide conversations to successful conclusions
- ❒ to project a more professional image through your language
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____
- ❒ _____

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Homework Assignments

Homework assignments will be most useful if you complete them before the following class.

Session 1

Read "What is Straight Talk?" (pp. 3-5).
Read "The Patient Bill of Rights" (p. 11).
Read "Communicating in Health Care Settings" (pp. 55-60)

(Optional) Revise your description from p. 7 of a communication situation that recently frustrated you. Turn it in to us and we will use a role play of that situation in class.

Session 2

Read "Listening" (pp. 12-21).
Answer questions on pp. 16 and 22.

Session 3

Read "Listening" (pp. 23-29).
Answer questions on pp. 25-29.

Session 4

Read "Discussing" (pp. 30-34).
Answer questions on pp. 31-33.

Try out your empathy and paraphrasing skills in at least one real situation: with a co-worker, a spouse, or a friend. Be prepared to talk about how it worked in class. (Optional: Write a brief description of the situation and the results of your empathy and paraphrasing.)

Session 5

Read "Discussing" (pp. 35-40).
Answer questions on pp. 39 and 40.

Session 6

Read "Acting" (pp. 41-48).
Answer questions on pp. 42, 46, and 48.

Session 7

Read "Acting" (pp. 49-55).

Introduction

What is Straight Talk?

Straight talk is honest, cooperative communication, and **Straight Talk** is a basic course to help you communicate more effectively. **Straight Talk** is primarily designed to help you do a better job of communicating with hospital clients and co-workers, though the principles also apply to your communication with family and friends. Good communication skills will help you do your job better, present a more professional image to clients and co-workers, and take more control of your life. The basic activities in the course are discussions and role playing. Both activities are designed to help you understand communication better and to give you more control over your own communication.

There are few things that can ruin your day more quickly than a conversation that turns ugly. When someone criticizes us, insults us or treats us rudely, we get upset and can spend the rest of the day brooding about the incident. Sometimes our communication problems may be with a client. Other times a simple misunderstanding with a co-worker will turn an easy job into hours of frustration. **Straight Talk** is designed to help you do a better job of handling these and more everyday kinds of communication problems.

Most of the communication we do in our lives and on the job is oral communication—that is, speaking and listening. Through oral communication, we coordinate our work activities and solve work-related problems. We also create the images that our superiors and co-workers have of us. Good oral communicators get along with people, do better work, and create a positive image of themselves and their organizations. Studies show that good oral communication is the surest stepping stone to job advancement.

The primary goal of **Straight Talk** is that you can bring most of your conversations to successful conclusions through the way that you communicate. Even if the person you are communicating with is angry, upset, confused, or uncooperative, you have a good chance of making a conversation work out the way you want it to if you're a good communicator.

What is good communication?

The simple answer is that good communication "gets the job done." Sometimes getting the job done is simply a matter of relaying information to a listener and moving on. More often, good communication is more complicated. It involves listening, diagnosing problems, responding to the needs of the other person, negotiating, and reaching a mutually satisfactory agreement. Giving information is only a small part of such an interaction.

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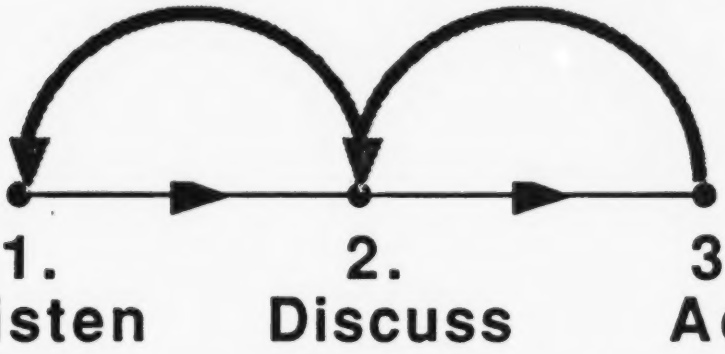
Good communication involves active listening, seeing things from the other person's point of view, being patient, maintaining self-control, displaying good body language, and having a caring attitude. Good communicators are perceptive, thoughtful, open-minded, and slow to anger. Sometimes just a kind voice can diffuse a tense situation. Often all it takes to satisfy a distraught or angry person is the realization that they are dealing with someone who really hears what they are saying.

So how do you become a good communicator? In this course we offer a three-stage communication model that focuses on how you relate to the other person during a conversation. Stage 1 is **active listening**. Stage 2 is **discussing**. Stage 3 is **acting**. Understanding the model and mastering the appropriate strategies for each of these stages will make you a better communicator.

Here is the model:



Listen. Before you do anything else, just **listen**. Let the other person say his piece. This doesn't mean shutting up and staring into space. Active listening involves saying things that keep the person talking and let him know that you have really heard what he is saying. Active listening involves **empathy**—really caring about the other person and showing that you care. Two techniques employed in active listening are effective **body language** and accurate **paraphrasing**—briefly repeating the other person's concerns.

Discuss. Discussion may seem straightforward, but often it is not. Let's face it, you pride yourself on being good at what you do. If someone challenges your authority, it's easy to get defensive. It's hard not to correct people who say something you know is wrong. But one of the keys to a good discussion is accepting what the other person says, even if you don't agree with it. Good discussion involves active listening, asking **open questions** to clarify the situation, asserting your own position in a respectful and nonthreatening way, and giving the other person choices. A good communicator always tries to find **a win-win situation**—a resolution to the situation that is satisfactory to everyone concerned.

Act. Discussion is pointless unless both you and the other person **act** on what has been said. The goal of most work-related conversations is to quickly and efficiently reach agreement about action. A good communicator will **guide** the conversation toward such an agreement, summarize the agreement at the end of the conversation, and take responsibility for her part of the bargain.

In a good conversation the stages can pass very quickly. It doesn't really take much time. Here is an example of a conversation that follows the model. In brackets is an explanation of what you should say and why.

Situation: A lost patient encounters you in the hall.

Patient (with an angry tone): *Excuse me, I've been wandering around this damned hospital for fifteen minutes, but I can't find the place I'm supposed to go.*

You (calmly): *That sounds frustrating. It's easy to get lost in here.* [Showing empathy for the patient's situation and not responding to his angry tone]. *Where are you supposed to go?* [Paraphrasing and asking a clarifying question].

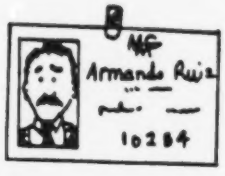
Patient (grumpy but no longer angry): *I can't remember the exact name. Radiation or something.*

You: *Was it radiology?* [To clarify.]

Patient: *Yes, that's it!*

You: *Radiology is through that double door and then down the corridor on the left. Would you like me to take you there?* [Giving the patient a choice.]

Patient: *No, thank you. I think I can find it now.*



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The Importance of Communication

Communication is both vitally important and very complex in health care settings. It's not easy to decipher a doctor's terse commands during an emergency operation or to explain a bill to a grieving family member or to be courteous to an obnoxious patient right after your supervisor has just chewed you out. And yet we all know how important good communication is. Good communication is the key to quality health care, to efficient hospital operation, and to good hospital morale.

We want to start this class by getting you to think about bad and good hospital communication. When does communication break down? What kind of communication angers or frustrates you? And what can be done (by you or others) to improve the situation? Please take a minute to complete the following thoughts. We encourage you to jot down some notes in the space provided to aid you in class discussion.

When I think of bad communication at the hospital, I think of . . .

When I think of good communication at the hospital, I think of . . .

What Frustrates You?

In the space below, describe a communication situation that has recently frustrated you. It could be a conversation with a client, a co-worker, or a supervisor that happened in person, on the phone, or in a letter. Don't mention names. We will ask you to share the situation with the class, and we may use it as the basis of a role play in a later class.

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Why Be a Good Communicator?

How does being a good communicator benefit you?

How does being a good communicator benefit the people you talk to?

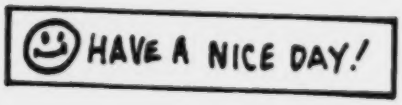
How does being a good communicator benefit the hospital?

Communication Can Be Difficult

Communication in a health care setting can be difficult. Take a little time to think about the communication difficulties that you experience.

What sorts of things make communication difficult in your department?

What sorts of things do you think you and others can do to make communication better?



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Exploring the Staff-Patient Relationship

Being part of any organization implies certain responsibilities to the people you encounter. What responsibilities do you, as a member of a health care team, feel toward hospital patients, clients, and visitors?

List three:

1.

2.

3.

Patients also have responsibilities in the health care setting. What responsibilities do you feel they have toward you?

List three:

1.

2.

3.

Patient Bill of Rights

Many hospitals give patients a version of this list which was originally developed by the American Hospital Association.

The Patient has the right

- to considerate and respectful care
- to obtain from the physician complete current information concerning his/her diagnosis and treatment in terms the patient can understand
- to receive from his/her physician information necessary to give informed consent prior to the start of any procedure or treatment
- to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action
- to every consideration of his privacy concerning his/her own medical program
- to expect that all clinical communications and records pertaining to his/her care should be treated as confidential
- to expect that within its capacity, the hospital reasonably responds to the request of a patient for services
- to obtain information as to any relationship of the hospital to other health care and education institutions insofar as his care is concerned
- to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment
- to expect reasonable continuity of care
- to examine and receive an explanation of his/her bill, regardless of source of payment
- to participate in planning for care and treatment
- to be transferred to another facility only with full explanation
- to designate who may visit in accordance with hospital policy

The Patient has the responsibility

- to provide to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to health
- to follow the treatment plan recommended by the practitioner primarily responsible for his/her care
- to assure that the financial obligations of his/her health care are fulfilled
- to be considerate of the rights of other patients and hospital personnel, and to assist, to the degree possible, in the control of noise, smoking, and the number of visitors
- to respect the property of other persons and of the medical center

Questions for discussion

How many of these rights and responsibilities involve communication?

How many of them potentially involve you?

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Active Listening: How to Hear

Active listening is real listening. It means working to hear, understand, and care about what the other person is saying.

Active listening has several goals:

(1) to help you understand the problem or situation quickly
(2) to respond to the other person's emotional needs
(3) to show the other person that you care and that you hear
(4) to get the other person to cooperate with you

We tend not to value listening because it seems so ordinary and easy. *Everybody knows how to listen,* or so we think. But that is not really true. The most basic fault that most of us have is doing (1) above but ignoring (2) and (3). If we have a job where we often come across the same problems day after day, we may quickly figure out what a person needs, what forms they need to fill out or where they need to go. But if we don't let the other person know that we have heard them and emphathize with them, they may not be satisfied with the conversation. And if they're not satisfied with the conversation, they may not be cooperative.

It is important to listen with the proper frame of mind. Try to be open-minded and avoid arguing or disagreeing with the speaker. Try to see the situation from the speaker's point of view.

Take a look at the following ideas. These are principles that underlie good active listening. Observe yourself next time you listen to someone. Do you follow these suggestions or do you need to practice?

Concentrate on listening

Try not to let your mind wander. It takes concentration to listen. Use your body—your posture, your eyes, your hands, and your face—to show you are really listening.

Clear your mind of barriers

Certain behaviors make communication very difficult. If you are in conversation with someone you dislike, there is a strong tendency to react by not listening. In some situations, you may be too ready to blame other people in the hospital; in others you may want to rush to the defense of your co-workers. To communicate well, you need to monitor your own reactions and guard against becoming defensive or critical.

Don't be put off by emotional words or ideas

Strong emotions can be frightening, and there are lots of strong emotions in a hospital. Strong emotions can interfere with solving problems. Let people express their emotions before getting down to business.

A patient may want a problem solved, but she may also want to express her frustration. If you let her vent her frustration for just a moment, she can then attend to the problem. If you try to ignore her emotions, she feels like her needs are not being met. She may keep trying to get you to acknowledge her frustration instead of moving to a solution. Even if you manage to solve her problem, she may go away unsatisfied because she feels like you did not really listen to her.

When you do understand how others feel—show them. Voice your empathy by saying something that shows you recognize and appreciate the person's feelings. Some examples include: *I understand, I would be upset too,* or *How upsetting.*

Don't assume

It's easy to assume that you know the answer to a question before the patient even gets it out of her mouth. After all, you've heard it all a million times. This is a sure way to get into trouble. Don't assume you know what someone wants—listen for new information.

If you are not sure you understand, be sure to ask questions to clarify. When you think you do understand, paraphrase what the other person is saying and watch for her confirmation.

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Listening to Understand People: Empathy

To understand someone, you must have some sort of relationship with him. You don't need to know his life story, but you must have some type of rapport. The more closely you listen to him and put yourself in his place, the better you will be able to communicate and efficiently solve the problem.

The first step to understanding is to empathize with the person. Empathy is showing that you understand a person's situation and that you care. It is imagining what it would be like to be in someone else's place.

Empathy is most effective in communication when you demonstrate it in words, by your body language and by your tone of voice.

A hospital is a double threat to all those who walk through the doors and roll out. Their physical health is in danger and so is their pocketbook. Remember what it is like to feel anxious and try to treat patients with care and concern.

Telling patients what to expect when they check in can help them have some measure of control and help them overcome their fear. The more knowledge the patients have of what to expect from this frightening new environment, the better they will feel.

Put yourself in your patient's shoes

Patients in hospitals frequently feel like they don't have much control. Their very lives depend on the care of others. When they enter the hospital, we put them in flimsy paper robes and take away their wallets, their rings, and sometimes even their teeth. Small wonder they feel nervous about losing control. Imagine what you would feel like in their place.

Show that you care

Sometimes the best response is just to say you understand what the patient is going through. Try a statement like: *It sounds like this paperwork is very frustrating for you.*

Be aware that anger sometimes hides fear

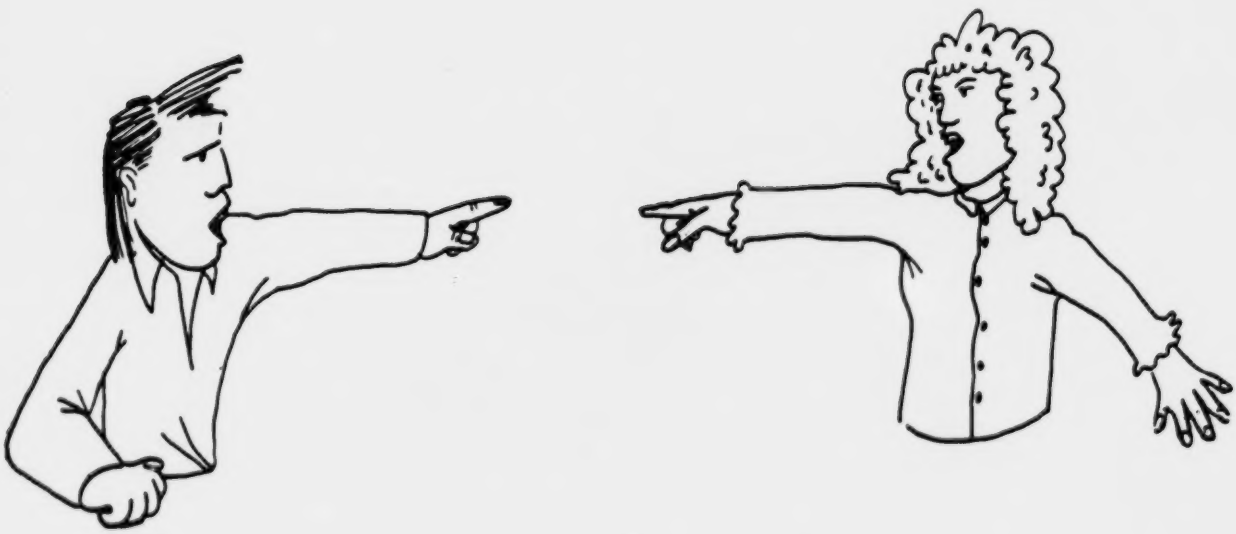
When people are feeling out of control or frightened, they may hide it with anger. They feel less vulnerable. Next time someone is yelling at you or being unpleasant, think about that. Is that person trying to compensate for his fear? Try to help the fearful person inside; don't get caught in yelling back.

Don't get defensive

Nobody likes to be attacked. Our automatic response to criticism is to get defensive or counterattack. Unfortunately, once we respond defensively, we are apt to lose the opportunity of gaining the other person's cooperation. If you can avoid taking critical language personally, you will be able to communicate much more effectively.

Don't push back

Sometimes it is useful to think of a conflict as two people shoving each other. The harder one pushes, the harder the other one pushes back. So the conflict keeps getting bigger. If one of the people who is shoving simply refuses to shove, if he just steps back out of the way, the other person has nothing to shove against. Then the shover has a decision to make. It is not very satisfying to push someone who refuses to push back, and it is an awfully good way to fall down. Refusing to push back can help keep a problem from getting bigger.



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Empathizing Practice

Directions: Write two empathetic statements for each of the following.

1. **Female Patient:** *Why do I have to do all this paperwork? I hurt! I just want to go up and get in a bed and lie down.*

2. **Nurse to Supply Room:** *Look I ordered those catheters two hours ago, and we still don't have them. What the hell are you guys doing down there?*

3. **Irate patient to a housekeeper:** *This is a crummy room with no privacy. If I pay all this money to the hospital, I at least want a decent, clean room.*

4. **Woman with elderly father:** *This is a horrible thing to say, but sometimes I wish he would just die. I had to quit my job to take care of him, and he gets so mad when I go out. . . And he is in such pain. I just don't know what to do! Sometimes I hate him.*

Listening to Understand People: Body Language

Some of the most important communication takes place without words—through your body language. Using open body language, such as nodding your head or saying "uh-huh" shows the other person that you are listening. Closed body language, such as folding your arms or looking at the clock, can make the other person feel shut out.

Here's a list of body cues. Think about which ones you use.

Open

1. Facing your patient instead of sitting at an angle.
2. Leaning toward your patient.
3. Smiling or showing the appropriate expression.
4. Mirroring your patient's body language.
5. Maintaining a comfortable body posture.
6. Nodding your head.
7. Keeping the right distance between you and your patient; 3-4 feet for interviewing.
8. Having animated facial expressions.
9. Making eye contact.
10. Touching your patient, if appropriate.

Closed

1. Being poker-faced or showing no facial expressions.
2. Leaning away from the patient.
3. Avoiding eye contact; looking around the room.
4. Being too close or too far away from your patient.
5. Folding your arms as if to shut out your patient.
6. Tapping a pen or pencil.
7. Looking at forms, writing or engaging in any other activity while patient is talking.
8. Looking at your watch.

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Listening to Understand the Situation: Paraphrasing

Problems are difficult to solve unless you understand a situation as well as the other person. Paraphrasing is an excellent way to get information about the situation.

When you paraphrase, you repeat or rephrase what the other person said. Like empathy, it strengthens your relationship with the other person. It also helps confirm whether you understand the situation fully.

If you rephrase your patient's comment correctly, the patient will generally confirm it. If you are wrong, the patient will let you know, either verbally or through body language. Paraphrasing is a good way to check your understanding of a situation.

Learning to paraphrase is a funny thing. Paraphrasing comes naturally to some people, but when they try to use it consciously they may become confused. Other people feel uncomfortable repeating another person's ideas because it sounds patronizing. This is seldom the case. People like to be understood. Paraphrasing is a good indication of understanding.

There is no simple formula for paraphrasing. A good paraphrase can be a question or a statement. In the early part of a conversation, paraphrasing is like empathy: it helps solidify the bond between you and the speaker by concentrating on the speaker's feeling. The best way to practice this type of paraphrasing is to identify what emotions the patient is feeling. Answer the question: *What is this person feeling?*

Paraphrasing also helps you get information about the situation. By repeating the gist of what the person said, you can confirm that you understood and encourage her to talk more. It might sound like this: *So what you've said is . .*

Here are some more guidelines for paraphrasing.

Repeat the essence of what the person is saying

Patient: *I'm very angry about my bill.*

Paraphrase: *You sound angry. What about the bill makes you angry?*

Use language similar to what your patient uses

If the patient says that she is really, really angry, it isn't a good idea to answer: *My, what excessive perturbation.* It sounds like you're making fun of her by using fancy language. Try and match her words: *It sounds like you're mad!*

Match your patient's intensity

While we don't recommend that you yell at a patient, if you can match the intensity of her emotion, the patient will feel like you are listening closely. If she comes in yelling about how furious she is, she won't take you seriously if you answer with: *It sounds like you're a little upset.*

Don't move too fast. Ignoring emotions may anger your patient

Nothing increases anger faster than having it ignored. The following conversation would *not* be very productive.

Patient: *I am very angry with the way you are treating me!*

Helper: *You look upset. Would you take a look at this form please.*

The patient will get even angrier because she feels like she is not being listened to. It is better to paraphrase and stop. Let your patient respond to what you said.

Deal directly with strong emotions

It is not always comfortable to deal with strong emotions, particularly between strangers. When someone is grieving or angry, we often want to leave her alone. Sometimes this will be appropriate, but sometimes it is best to talk about it. Acknowledging the emotion can open up communication. Here are the sorts of things you might say:

You're really mad, aren't you?

It's difficult to be facing this type of operation.

I'm sorry you lost your daughter to a killer bee attack; it's difficult to lose somebody close to you.

This has been a frustrating day for you.

Use Direct Questions

It may feel uncomfortable to face the situation head on, but direct questions are the best way to get the information you need. You won't put ideas in the your patient's head by asking anything.

The secret of asking direct questions is to be empathetic. You could sound uncaring or frightening if you ask: *Don't you realize what you are doing is dangerous?* If you show that you care about the patient the results can be useful: *I'm concerned. It seems that like you don't want to recover. What is going on that makes you so depressed?*

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Paraphrase Scripts for Practice

In the sample scripts below, responses that use empathy and paraphrase are underlined.

Reminder:

Before you try to help someone who is angry or upset, you want to
empathize with the person (show sympathy) and
paraphrase his or her feelings.

Situation 1: Sheila, Becky's coworker, always gets behind because she spends the first fifteen minutes of the shift getting organized. Becky usually ends up doing more than half of the work. Becky keeps on top of her own work by getting to work five minutes early. She thinks Sheila needs to do the same thing.

Sheila: It always takes me so long to get going in the morning.
Becky: Yeah, it does seem to take you a while to get going. Why do you think that is?
Sheila: I guess it takes me a while to get organized.
Becky: Would you like a suggestion about how to get organized more quickly?
Sheila: Sure.
Becky: I always get organized right before work. If you come in tomorrow five minutes early, I'll show you how I do it.
Sheila: OK, thanks.

Situation 2. Chris's friend, Pat, doesn't get along well with their supervisor, Terry. Part of the problem is Pat's attitude. When Terry talks to workers at the beginning of the shift, Pat tends to ignore the discussion and often talks to other workers. Chris has noticed that this gets the supervisor really angry, but Pat doesn't take suggestions well. Today Terry blew up and yelled at Pat over a minor mistake. Chris thinks that Terry was really mad about the morning meeting.

Pat: Did you see the way Terry blew up at me over nothing? What a jerk! I'm so angry! I feel like quitting. I don't need this job that bad.
Chris: Yes, Terry really blew up. I can see why you feel like quitting. I'd be angry too.
Pat: It's not like I don't get my work done. Boy, am I steamed!
Chris: I know you do good work. I can see that this upsets you.
[Later, when Pat is not so angry, Chris might talk with Pat about Pat's behavior in the meeting and why Terry was really angry. But not now. Pat is too upset now to talk about his/her own behavior.]

Situation 3. Pam's seven-year-old son, Tony, comes home from school. He's obviously upset about something.

Pam: What's wrong Tony?
Tony: Just leave me alone!
Pam: Do you really want me to leave you alone?
[Tony then decides whether to tell his mom Pete stole his lunch money.]

Situation 4. Maria comes home after a rough day at the hospital. She's an hour late getting home. It's already past dinner time. Her husband, Joe, has also had a hard day.

Maria: What a day! I'm too tired to take another step.
Joe: I'm sorry you've had a bad day. My day was pretty rough too. The boss is talking about laying off some guys.
Maria: Pobrecito. I know your day was rough too. You work so hard. Are you worried about being layed off?
Joe: No, my job is safe, for now. Listen, it's late and we've both had a hard day. Why don't we take the kids and eat out tonight?
Maria: Good idea.

In the next two examples, you provide the paraphrase.

Situation 5. Alma and Fred work together in medical records. Fred is a new clerk. Alma has been around a while. Fred is making mistakes processing the medical records.

Fred: Darn it! These forms are too complicated. The supervisor has sent this one back to me for the second time.
Alma: _____. Why did she send it back?
Fred: She said I didn't transfer the right information over to the work sheet. It looked OK to me. I just can't figure out what to do.
Alma: _____.
Fred: Thanks, Alma. I appreciate your help.

Situation 6. Diane forgot to clean up the storeroom before leaving work yesterday, even though her supervisor told her to do it. It was just too busy that day. Her supervisor, Kathy, brings up the topic before she can apologize.

Kathy: Didn't I ask you to clean up the storeroom yesterday?
Diane: _____.
Kathy: OK, I appreciate your honesty. It's not a big deal this time, though my boss did get on my case yesterday about it. I covered for you this time. In the future, please let me know if you can't get all your work done.
Diane: _____

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Paraphrasing Practice

Directions: Write two paraphrases for each of the following statements.

1. **Female Relative:** *This has been the worst moment of my life. I can't believe he died. It was so fast. I thought my father would live forever and now he's gone.*

2. **Emergency Patient:** *I'm bleeding here and all you want me to do is fill out forms. I've been here for 45 minutes and I want to see someone right this minute. I am not going to fill out another form until I've seen a doctor.*

3. **Female Patient to Male Nurse:** *I know you need to ask me these questions, but I don't think I can answer them. It's awfully personal.*

4. **Male Patient to Patient Accounts Representative:** *I've been looking real hard for work, but I was laid off two weeks ago and I haven't found anything yet. I've always paid my debts before, but I don't have the money now.*

Listening to Understand the Situation: Clarifying

Asking clarifying questions is another way to understand the situation. Sometimes people are upset, but they can't or won't tell you why. This is where your listening skills come in handy. Insightful questions can help bring hidden agendas or emotions out in the open. Or they can give you important information. The more carefully you pay attention, the better questions you can ask.

Here are some examples of situations where clarifying might be useful.

Patient: *It makes me really mad when they do that stuff to me. I hate it when they do that stuff. I'm going to sue if they do it again.*

Nursing Assistant: *You're really mad. What is it that they do that makes you so mad?*

* * * * * *

Staff member: *My boss makes me so angry sometimes. She treats me like an idiot and tells me how to do something bit by bit like I've never done it before. And then she won't show me what I need to know. It's like she thinks I can read her mind or something.*

Friend: *I'm not sure I understand. Does she tell you too much information or not enough?*

Read the following example and write down three clarifying questions that you would like to ask.

Patient: *My son said he was going to bring it because I really need it. If I don't have it, I have a really hard time. I get really nervous if I don't have it by me all the time. I wish you'd call him and tell him to hurry. I know something bad is going to happen if he doesn't hurry.*

Environmental Services Worker: *I think Eggberta is a very good person. It's just that she's so overworked all the time that she doesn't seem to clean that lounge very often. Of course, I try to help her all I can, and I clean it a couple of times a week.*

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Listening Practice

Now that you've been reading about how to listen to understand the person and the situation, here's a chance to practice. As you are reading the following dialogue, pay attention to not only what was said, but also how the communication occurred. Then answer the questions that follow.

Situation: A patient felt that his bill was too high. He asked the patient representative to examine his bill. The examination revealed that the man had actually been billed $3000 less than he should have been. He has just been told that he is responsible for paying the additional money.

Patient: *What!? You want me to pay more money! That's crazy!*

Patient Representative: *I know it's a shock, sir, but . . .*

Patient: *But nothing! I refuse to pay any more money. You were supposed to reduce my bill.*

Patient Representative: *You sound really upset.*

Patient: *Of course I'm upset; anyone would be after news like that. I've got to pay for my surgery and my wife just had a baby too. I've got bills coming out of my ears.*

Patient Representative: *It's frustrating when you have to try and juggle money like that, isn't it?*

Patient: *Hell, yes!*

Patient Representative: *You know, I can work with you to see if we can set up a payment plan . . .*

Patient: *And my oldest girl needs braces. I don't know what I'm going to do.*

Patient Representative: *It's scary trying to provide for everyone.*

Patient: *Listen, I don't have the money right now, can't we just go back to the amount on the old bill?*

Patient Representative: *I wish I could. I really want to help you out, but I can't do it that way.*

Patient: *Somehow I didn't think so. Damn! All right, what are my options?*

Questions

1. What emotion(s) is the patient feeling?

2. Were there other things going on that the patient representative should pay attention to?

3. List the key words that you heard the patient say.

4. What would you add or do differently?

5. What did the patient representative do well?

6. What paraphrases did you see?

7. Where would you steer the conversation from here?

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Behaviors that Shortcircuit Listening

We have been looking at ways to improve your communication skills. Listening closely, empathizing and paraphrasing will help you when you communicate with someone.

On the other hand, your actions can make it extremely difficult to communicate. Your behavior can upset your relationship with the other person. Look at the following examples of behaviors that shortcircuit communication.

Write down some reasons why you think people might get upset in these situations. Put yourself in the situation and write out how you could respond differently. Then try to imagine yourself on the other side of the conversation. How would you handle it if someone made one of these responses to you?

Making excuses

Patient: *Look, I had an appointment at 3:00. It's 4:15 now and I haven't been seen yet!*

X-ray Technician: *I know we're running late. It's just that we had a couple of emergencies earlier today and one of the doctors was called to surgery unexpectedly and I've been working all by myself and. . .*

Yes, but

Physical Therapist: *Ok, so you understand how important it is for you to keep doing these exercises, right?*

Patient: *Yes and I'll try, but it's really hard for me to do this at home because the kids are there and they get in the way and . . .*

Becoming defensive

Supervisor: *. . . so it's important that you try to do this procedure; this way so we can have consistency, OK?*

Staff: *My last supervisor didn't have any problems with my work. I don't see why I can't do it my way as long as I get the job done.*

Ignoring the problem or the other person's feelings

Nursing Assistant: *And Mrs. Zelafield in room 314 was so rude to me. She tried to pull my hair when I went to help her take a bath. She called me some nasty names. I don't like to work with her. I'm afraid she's going to hurt me.*

Supervisor: *You still have to give Mrs. Zelafield a bath tonight. She refused one yesterday and we can't have that . . .*

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Criticizing the other person

Nurse A: *I get confused when we do this procedure. Should I do this or this?*

Nurse B: *If you had bothered to study in school, you might know the answer without having to ask.*

Forcing a "win-lose" solution

Patient: *I thought this would be covered by indigent care. I can't pay this bill.*

Patient Representative: *You should have thought of that before. You must now pay this bill or we will send it to a collection agency or garnish your wages.*

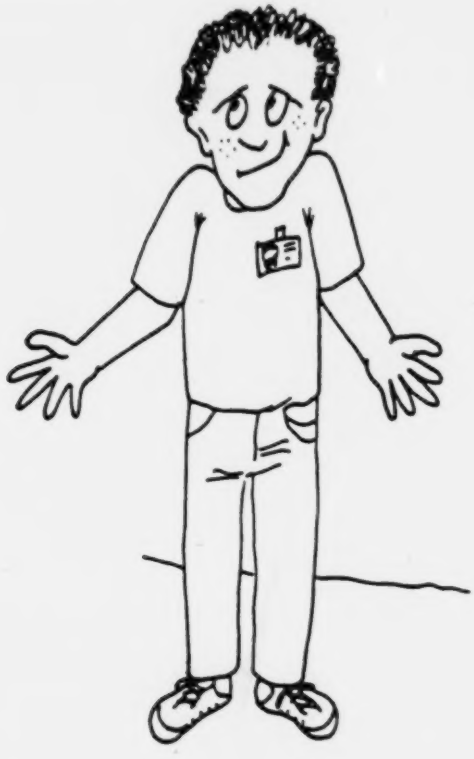
When to Move On

Straight Talk emphasizes stepping back and looking at how your communication happens. Often you will be able to tell when someone is ready to move on to the next stage because he will be receptive to the idea of discussing solutions to his problem. Or he will slow down or start repeating himself.

If you move on to discussing solutions and feel like the patient is still stuck in talking about the problem, it is a good idea to circle back to the beginning of the communication model and check the relationship between you. Do you have the kind of rapport you think you do? Are you trying to rush the patient?

You don't have to follow a conversation wherever it goes, but you can help the conversation along. If you feel like the relationship has been established and you have honestly listened and empathized with the person, sometimes a gentle nudge will help him move to the next stage. A nonconfrontational comment may be helpful: *I can tell how frustrated you are; let's see what we can do to solve this problem.* Or: *I think I understand the problem; let's look at solutions.*

List some responses you could say to close the listening stage and move to discussing solutions.



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How to Discuss

Once you have used your listening skills to understand the other person and the situation, it is time to move to discussing. The goals of discussion are:

(1) to clarify the problem
(2) to maintain the other person's cooperation
(3) to negotiate a win-win solution
(4) to guide the conversation to a close

Discussing, like listening, is not as easy as we think. Here are some skills to keep in mind when you start discussing.

Be open minded

Discussing demands concentration and an open mind. You don't have to know all the answers. Your willingness to be open and explore options makes the other person work with you for a solution not against you. Modeling good communication encourages the person you're talking with to repay you by being flexible.

Treat the other person with respect

As a health care worker, you deal with the same situations and procedures every day; they seem easy to you. It's obvious to you that Mr. Johnson needs to go to the sixth floor to talk to Medical Records before he deals with you. Being patient and respectful when Mr. Johnson still doesn't understand after three explanations shows him you really care. Respect smooths a lot of ruffled feathers.

Let the other person share in decision-making

In many cases, you may have a clear idea of what needs to be done: either what choice a client needs to make or what a co-worker needs to do in a particular situation. But people like to make up their own minds. When you give Ms. Smits the option of going to physical therapy at 2 o'clock or calling the physical therapist to schedule a different time, you give Ms. Smits some control over her own life. Letting others make decisions is one way you can gain their cooperation.

Be patient

People take a long time to consider possible options. They have to look at the benefits as well as the consequences. Your patience helps keep the person you're talking to from becoming stubborn or confused.

Create win-win solutions

In tense situations, people are sometimes more interested in proving they are right than in communicating. They may sacrifice the chance to communicate effectively, just to prove how right they are. Blaming others or insisting that they admit they are wrong produces a win-lose situation. Win-lose situations are almost always counter-productive. The other person may admit they are wrong, but you won't have their cooperation or respect.

The best approach is one where everyone wins; everybody gets at least part of what they want. You can create win-win situations in a conversation by being open to the other person's concerns and by giving the other person choices.

Use your knowledge

Your strength is that you understand the hospital system. You know that Mr. Johnson and Ms. Fiel both have to go Medical Records on the sixth floor. Mr. Johnson can go right away, but Ms. Fiel needs another form before she goes there. Save her a wasted trip to Medical Records if you can.

Use "I" language

People are sensitive to language, especially to language which seems to criticize or blame them. A good way to disagree with someone is to use "I" language. You use "I" language when you put your own ideas in context. "I" language implicitly admits the possibility that you are wrong. Even if you're sure you are not wrong, it's a good idea to use "I" language. Other people will usually respond positively to it.

"You" Language	"I" Language
You don't understand this procedure.	I don't think we have the same idea about how this procedure works.
You added wrong.	Why don't we come up with the same number?
You're not listening.	I don't think I've been clear.

Rephrase the following into "I" statements.

1. *You seem to be having trouble with this. Why don't you ask for help?*

2. *You can't do it that way.*

3. *You're hard to work with.*

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Open vs. Closed Questions

Discussing is the stage that many health care workers want to rush through. You may be very good at figuring out which options are possible and which ones are not. Whenever people come to you with a problem, your impulse is to rush in and provide the solution.

Unfortunately, people resist when they are simply told what to do. Including the other person in the discussion of options avoids that problem. One way to explore options is to ask the other person open questions. *What do you need to feel better about the situation? How much money do you have to pay toward your bill each month?*

An open question is a real question, a question with many possible answers. A closed question is a false question, a question that implies its own answer. Open questions invite the other person to cooperate with you in exploring possible solutions. Closed questions attempt to manipulate the other person. Open questions are the best way to effective and cooperative communication.

Closed question: You better get up to speed on these new procedures. You don't want me to fire you, do you?

Open question: These new procedures are coming on-line more slowly than I thought they would. What can we do to get them implemented more quickly?

Exercise

Evaluate the following questions. Are they closed or open? How would you respond to the question? How would you rephrase the question into an open question?

1. *Mr. Ripple, if you don't pay this bill you'll ruin your credit. You don't want to do that do you?*

2. *Mrs. Smith, it's very important that you have a bath. You can do it yourself or I can help you. Which would you prefer?*

3. *Mr. Gomez, I know you can't pay the full amount today, but why don't you pay a little?. Could you pay $30 or $40?*

4. *Mrs. Barrera, the doctor said that you had to have those tests done today. Do you want to do it with a fight or without?*

Behaviors that Shortcircuit Discussion

We have been looking at effective ways of discussing problems. It is also useful to recognize behaviors that shortcircuit your discussion.

Describe some behaviors below that bother you and make it hard for you to continue a discussion. Why do they upset you?

1. Behavior:

   Why it upsets me:

2. Behavior:

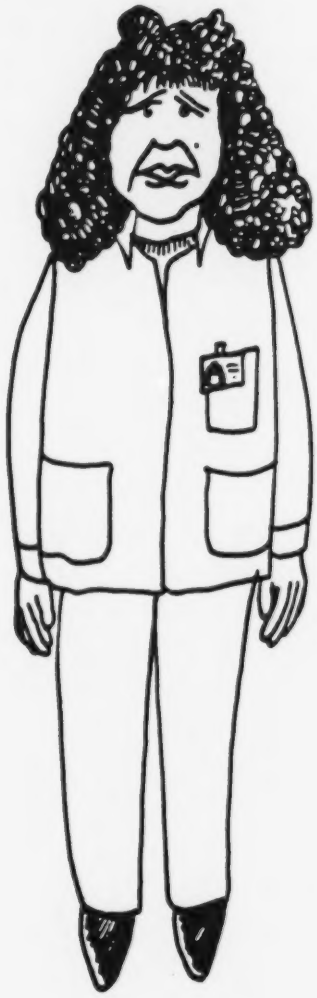
   Why it upsets me:

3. Behavior:

   Why it upsets me:

4. Behavior:

   Why it upsets me:



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Guiding Conversations

Keeping the conversation on track is a skill that demands practice. Some patients are convinced that unless you know about their Great Aunt Tilly and her Pekinese farm, you will never understand them. Some co-workers are more interested in talking than solving the problem at hand. Empathizing and paraphrasing are very important, but there is a point when it is obvious that you and the other person are wasting each other's time. You need to be able to move a conversation along without saying: *Look, I don't need to hear about your aunt.*

Here are some tips on how to get the conversation moving in the direction it needs to. These techniques should *not* be used instead of the model. You should only use these techniques after you have listened to the other person and discussed solutions to the problem at hand.

Ask directing questions

Directing questions take conversations where you want them to go.

Patient:. . . *and I didn't do my exercises because the kids were all yelling and the TV was broken so I was waiting for the TV repairman . . .*

Physical Therapist: *It sounds like this situation is kind of confusing. What can we do to make it easier for you to get those exercises done?*

The PT's question empathizes with the patient's dilemma, but also guides her toward solutions.

Don't let the other person go too far off topic

A question or comment that acknowledges what another person is saying can turn a conversation back to the problem at hand:

Patient: . . . *those darn doctors! And I don't like the way the ambulance driver drove when he was bringing me in. He was so careless about stopping for lights. . .*

Patient Accounts Representative: *It's hard when you feel like you don't have control of your situation. Let's see what we can do to restore a little order and figure out how to set up your payment plan.*

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What's Your Communication Style?

Conflict sometimes arises when you are trying to discuss a problem with someone who has a different communication style than you do. Each person has her own way of communicating that makes her feel comfortable. When someone who is action-oriented is having a discussion with someone who is idea-oriented, there can be conflict. The action-oriented person wants to *do* something; she will push for some kind of action. The idea-oriented person likes to consider things, to think about options. The idea-oriented person will tend to feel rushed when trying to solve problems while the action-oriented person will feel frustrated because the conversation never seems to get anything accomplished.

Action-Oriented Communicators

- Let's get it done, move ahead. What's the bottom line?
- Direct, impatient, decisive, quick, energetic.
- Short attention span, tend to interrupt, hate small talk.
- Body language and vocal cues tend to be accurate.

Idea-Oriented Communicators

- Let's try something new. Consider this possibility.
- Full of ideas, provocative, difficult to understand.
- Like to challenge others, hate rules and regulations.
- Nonverbal cues and vocal cues vary; when gathering ideas, they like to be alone and may be withdrawn. When promoting ideas, their energy increases.

People-Oriented Communicators

- What do we need? How do people feel? What do people believe? Let's form a team. Let's form a committee.
- Spontaneous, empathetic, subjective, hate procedures and rules that fail to consider people as individuals.
- Body language tends to be open and their voices varied.

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Process-Oriented Communicators

- What's the procedure? Let's plan, set goals, analyze. Is there a policy statement?
- Systematic, patient, logical, unemotional, cautious.
- Long attention span, hates off-the-cuff reactions.
- Offer minimal body language and vocal cues.

Which communication type are you? How about the people close to you? Write down a conflict you had recently; could it have been because of different communication styles? Explain why. Are there any people (withhold the names to protect the innocent) that you consistently have difficulty with? Could a difference in communication styles be at the root of the problem?

Coping with Criticism

Few actions shortcircuit discussion faster than someone being critical of us. There are ways, however, to avoid being upset by criticism. A good communicator can actually turn criticism to his advantage. You can choose how to react to someone else's anger. You can choose to "step aside" and let the criticism flow past you. Criticism is not necessarily your problem; you do not have to own it.

When someone is critical of you or your employer, it's a good idea to try to guide the other person toward more constructive behavior. If you disagree with the person or respond defensively, you will simply confirm his beliefs. If you tell him that he is wrong or try to justify your actions, it will only add fuel to his fire. The following communication techniques are designed to help you respond in a positive and professional manner to criticism. Usually they will diffuse the other person's anger.

Ask for Specifics

Blanket statements like "You're being unfair" are hard to answer. You have no idea what they really mean. If you can invite the other person to be more specific to focus on what is really troubling him, you can eventually get around to solving the problem.

Patient: *The care in this hospital is terrible.*

Nurse: *Can you tell me how it is terrible?*

Patient: *My room wasn't properly cleaned yesterday and the nurse was in too big a hurry.*

The problem still deserves prompt attention, but it isn't overwhelming any more. Concrete problems can be fixed.

Your attitude is very important here. You have to be open to finding out what is actually wrong. You may be the one who has to apologize or change behaviors. If you aren't willing to listen, don't ask for specifics.

Staff member: *You're being unfair.*

Supervisor: *What do I do that is unfair?*

Staff member: *You assigned Barbara a day off even though it wasn't her turn.*

The supervisor can be defensive or assert her authority or maybe admit that she made a mistake. Either way, this problem is easier to respond to than the broad criticism.

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Paraphrase the Speaker's Ideas

As you saw before, paraphrasing invites the other person to talk, vent their emotions, and get to the real problem.

Patient: *I can't believe the way you run this hospital. I'll never come here again, even if my life depends on it.*

Nursing Assistant: *You sound upset. Can you tell me the problem?*

Patient: *It's not my problem–it's yours. I've buzzed six times and no one answers. This is a hell of a way to run a hospital.*

Nursing Assistant: *Ah, I can see why you're upset. You've been trying to get a nurse to help you.*

Ask for Additional Complaints

Asking for additional complaints in a genuinely open way can change the attitude of a critical person. You may find out that what is really bothering him is something he hasn't mentioned before. You may even make him feel guilty for being so critical.

Examples:

Are there any other ways we could improve our service?

How could we have made your stay more comfortable?

Agree with the Speaker

Sincerely agreeing with someone who is criticizing you is hard to do, but it can be a very effective way to better communication. It seems like a crazy idea at first, but it really isn't. You don't agree to things that you don't believe or which put you in a compromising position.

The secret is to pay attention to what you agree to. You should listen carefully to the criticism being offered and search for the part of it that you agree with. If you have done something wrong, admit it. If you don't agree with an accusation, maybe you agree with the principle behind it.

Example: If a patient says: *This is the worst hospital I've ever been to.* You don't agree with the statement, but you agree with the idea behind it: *It's frustrating when you feel like you're not getting proper care.*

Sometimes you can honestly agree with the whole statement:

I suppose I was being defensive.

I guess you're right—my behavior was out of line.

Coping with Criticism Exercise

Here are the different types of answers that can be given for the following example.

Criticism: *Sometimes I think you don't take me seriously. It seems like everything I say goes in one ear and out the other.*

Responses

1. **Ask for specifics:** *I'd understand what you mean better if you would give me some example of when I seem to be ignoring you.*

2. **Paraphrase:** *It sounds like you're mad at me because you think I'm just humoring you sometimes so you'll stop talking. Is that it?*

3. **Ask for more complaints:** *Is it just my not taking you seriously that's upsetting you, or is there something else too?*

4. **Agree with the speaker:** *Well, I suppose you're right. Sometimes I don't pay attention to what you say, mostly when I'm tired or mad.*

Exercise 1

Directions: Supply an appropriate phrase for each type of response.

Criticism: *I'm calling to complain about my bill. Now that I have insurance, you paid my bill with extra expenses.*

Responses

1. Ask for specifics:

2. Paraphrase:

3. Ask for more complaints:

4. Agree with the speaker:

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Exercise 2

Directions: Supply an appropriate response to each criticism using each type of technique. All techniques might not feel comfortable for all examples, but try.

a. Ask for specifics:

b. Paraphrase:

c. Ask for more complaints:

d. Agree with the speaker

Criticisms

This place treats Hispanics like dirt. If I were an Anglo, I wouldn't be made to wait like this.

You're a bunch of crooks. My bill shouldn't be $2,500. I was only in the hospital one day.

I'm in pain. I need some more medication. Why don't you do something, you lazy nurse?

Why can't you be more helpful. You haven't answered a single one of my questions.

Acting: How to Finish Up

After listening and discussing, it is time to bring the conversation to a close and deliver whatever action you've agreed upon. At the end of a conversation you want to

(1) Summarize the action you and the other will take

(2) End the conversation on a positive note

(3) Follow up on the actions you promised to undertake

You've discussed the options and you and the patient have reached a agreement. Sometimes the only person doing anything will be the other person: the client or co-worker. Often, you will be the one to follow through.

Since the two of you have worked so hard on an agreement, it is important that you follow up correctly. Nothing is more frustrating than realizing, after a patient has left, that you are not certain which one of you was supposed call the insurance people. Or you realize you told a patient to bring in certain information, but forgot to tell her you needed it by the end of the week.

A "winding up" statement is good way to solidify what both of you agreed to do. A short phrase that summarizes the decision that two of you reached reminds everyone of the action expected of them:

Patient Representative: *Ok, Ms. García, I'll make a note here for you that lists the three bits of information that we need to complete your insurance claim. If you get these to me by Monday, I'll make sure they go out by the following day.*

This statement also lets you confirm that everyone has agreed to the same thing. Ms. García may have thought you only needed two bits of information.

Winding up statements also help you end conversations that don't look like they are going to end naturally. Suppose you find yourself trapped in a conversation you can't wrap up. Without being rude, you can use this technique to help the end along.

Patient: *Ok, I guess I need to talk to my doctor, but he is always so hard to get a hold of. I call his nurse over and over again. She gets really rude after awhile. The doctor is the only one who can tell me this stuff, but . . .*

Nurse: *Good. So you're going to talk to your doctor and get back to me with the information tomorrow before noon, right?*

Winding up the conversation by repeating what you have agreed on lets you emphasize the important part of what your patient said and politely indicates that the conversation is over.

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Self Assessment

You've been introduced to our communication model and you've been practicing your new oral communication skills. Now it's time to stop and assess your progress. This is not a quiz; there are no right or wrong answers. Instead, this is an opportunity for you to evaluate what we have been doing.

1. How do you feel about the model? Is it useful to you at work?

2. How have your communication skills improved?

3. How has your communication become more difficult?

4. Do you feel you are meeting your goals in this class? What would you like to do for the rest of the class?

5. What has made the most sense to you in this class? Has the course focused on new ideas or things you already knew about?

Responding to Conflict

Occasionally, in spite of all your hard work, there is a conflict that makes it impossible to communicate. Conflicts can have a variety of sources, and people react to them in a variety of ways. Some people like to face conflict straight on and get things resolved. Others prefer to ignore trouble as long as possible. Still others create tension by being indirect.

Obviously our bias is towards dealing with problems straight on, but you will run into people who will refuse to do so. It is important for you to understand what happens so you can decide how to handle the situation. Do you need to go talk to that person? Or can you just say: *Oh, that's just how he is.*

Below is a conflict situation and the four ways that people tend to react to conflict.

Conflict: *Your officemate keeps talking on the phone to his girlfriend and interfering with your work.*

Responses:

Nonassertive Behavior: Ignore the problem, even though it irritates you.

Assertive Behavior: If there is a real, ongoing problem, work out a solution with the officemate.

Direct Aggressive Behavior: Scream at your officemate and tell him never to use the phone again.

Indirect Aggressive Behavior: Crazymaking (Guerrilla Warfare) "Accidently" leave the phone off the hook or come up with excuses to use the phone yourself.

Exercise:

Describe a conflict that you have had with a co-worker (use an alias). Was the situation handled directly or indirectly? What could the result have been if the situation had been handled differently? What is your most common reaction to conflict?

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How to Confront

The word confrontation makes people uncomfortable, but confrontation merely means dealing with a problem assertively. There are times when it is necessary to be assertive about a problem you have with someone. This is a perfectly legitimate decision, if nothing else that you have tried has helped and if you are sure of your motives.

When you confront, your attitude is crucial. A confrontation is not a dramatic scene where you point a shaking finger at your arch-enemy and proclaim: *You have done me wrong!* Save that for the movies. The purpose of confronting someone is to acknowledge that there seems to be a problem and that you would like to work with that person to come to a mutually satisfying solution.

Identify the real problem

This is the moment where you take one last look at the situation. Is it really a problem you need to discuss or are you trying to make other people responsible for your own problems?

Identify your motives

Be sure you are confronting to improve the situation and not just because you are in the mood to be right. Confrontation is frightening both to the person confronted and the one who is confronting. Be honest about why you are confronting someone.

Describe the problem situation

Your goal is to have the person in a receptive frame of mind so the problem can be solved. Avoid accusing the other person or telling her that the situation is her problem. "I" language can be really helpful here: *I am concerned that...*

Describing the behavior that is problematic is less threatening then making personal comments. A person's behavior is something that can be changed more easily and hence is less threatening to talk about.

Also try to be tentative in your approach. *It seems like there is a problem here* is less threatening than *There is a big problem here.* Tentativeness can give the other person an out. She can say: *I misunderstood.* If your purpose is not to be right, but to solve the problem, then it doesn't matter what she says.

Being specific is helpful. Avoid saying: *You aren't doing things right.* Try: *I'm not sure these forms were filed correctly.* It gives the two of you something specific to work on. Specific problems also will seem less overwhelming then big general ones.

Be sensitive to the other person's needs

Being confronted is embarrassing; try to be sensitive to the other person's embarrassment. Choose when and how you confront someone carefully and then do it privately. Try for a "win-win" solution.

Confronting can change the relationship

Facing someone with a problem can be a good experience for a relationship. It can help the two of you communicate better in the future. It can also hurt the relationship if the confrontation is too harsh or too threatening for the other person to hear. And if you have less status or authority than the person you confront, you may certainly be at a disadvantage.

Be open to change

It generally takes two people to create a problem. Say you are angry because Nurse Dominguez snaps at you all the time. You snapped back a couple of times. Now the two of you barely speak to each other.

You've decided to confront her because it is affecting the way you work together. In the midst of the conversation, you discover that she is short with you because she doesn't like your attitude. This is a turning point in the conversation. You can answer with: *Yeah, but you were rude to me first!* This will kill the conversation.

Alternatively, you might say: *I didn't realize there was a problem. Can you tell me what specifically you don't like about my attitude?* You may discover it is something trivial like you don't say good morning when you see her (you'd be amazed at how many people complain about that!). Or it may be more serious. To solve the problem, you both have to be willing to change. You may have to start saying good morning even if you haven't had your coffee yet. She may have to be more courteous to you.

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A Model for Confrontation

Confrontation can take many forms. Here is one way of confronting someone. It is not the only way to confront a person, but it can start you thinking about it.

After each stage, think about why it might be useful to do it this way.

1. Describe the **behavior** that bothers you
2. Outline the **consequences** of the behavior
3. Express your **feelings**.

Example: *I have a problem. When you play your stereo this loudly in the office* (behavior), *I can't get my work done and the supervisor gets mad at me* (consequence). *I guess you can imagine how upset I get when that happens* (feelings).

Model: "I have a problem. When you _____, _____ happens, and I feel _____."

Write what you would say in the following situations to confront the problem.

1. You, a nurse, are upset because a doctor has just yelled at you out in the hall in front of the nursing assistants.

2. You, a nursing assistant, are upset because a patient has just yelled obscenities at you for not giving him pain medication.

When might it be important to confront a patient? Write out a situation where confrontation might be useful and how you would do it.

Confronting: Practice

Confrontations are not easy. Plan roughly what you want to say in advance so you can figure out nonconfrontational ways to say things. It won't work to say: *Look, no one likes you. Lighten up!* There might be a kinder way to say that.

As you are reading the following dialogue, pay attention to not only what was said, but also how the communication seemed to go. Then answer the questions that follow.

Situation: Nurse Gwen and Nurse Cecily have been working together for several months. Nurse Gwen has been constantly rude or patronizing to Cecily. Cecily is sick of it and has decided to confront her.

Gwen: *. . .And try to get it right this time.*

Cecily: *Gwen, I feel that we are having difficult communicating. Have you experienced that too?*

Gwen: *If you were a competent nurse, you might not have trouble like that.*

Cecily: *So, you are concerned about my competence? What has happened that made you feel that way?*

Gwen: *Well, you mis-medicated that patient in Room 318 a couple of months ago, didn't you?*

Cecily: *You're right, I did. I couldn't read the physician's handwriting and I should have called before trying to give her anything.*

Gwen: *Yes, you should have.*

Cecily: *I don't think I've had any difficulty since then. Have you heard of anything I should know about?*

Gwen: *You've got an attitude problem.*

Cecily: *Oh, I'm surprised. Is there something I say or do that tells you that I have a bad attitude?*

Gwen: *It's just the way you talk to me. It shows an attitude.*

Cecily: *Hmmm, I'd like for us to be able to work together more smoothly. Perhaps you can tell me how you'd like me to talk to you.*

(Gwen and Cecily discuss this awhile longer)

Cecily: *You know, Gwen, one of the things that makes it difficult for me to do my best work with you is that we have different styles of communication.*

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Cecily: *Sometimes I am hurt or intimidated when you speak abruptly to me. Last week when you yelled at me in front of the student nurses, I was concerned. That could undermine my authority with them.*

Gwen: *Oh, don't be so sensitive. It is just the way I talk when I am in a hurry.*

Cecily: *I understand that now. I will remember that. At the same time, I would appreciate it if you would remember that it bothers me sometimes. Maybe we can meet in the middle: I'll be less sensitive and you can try to be a bit more sensitive.*

Gwen: *What a pain! OK, if it means that much to you.*

Questions

1. What strategies did Cecily use in her confrontation?

2. Were there other things she could have done?

3. Gwen's attitude was kind of hard to take. How many of you wanted to throttle her? Could you have kept your temper?

4. What would you have done differently?

5. What did Cecily do well? What could she have done better?

6. Did this confrontation disturb you?

Problem People

In tense communication situations, using the model is the best response that you can have. Soon it will become second nature; you will barely have to think about what to do.

We have avoided giving you flashy techniques to handle people because we don't think they work as well as listening, discussing and acting. When you use techniques to handle people, they feel just that–*handled*. They feel like the person who should be helping just wants them to shut up and go away. Consequently they get louder and more forceful just to get your attention. It ends up making your job harder than it should be.

The next section shows you some common types of personalities, how they react in tense situations and how you can respond to them.

The Bellower

The Bellower tends to be loud, forceful and very aggressive. She likes to treat people rudely and not apologize.

Reason: Inflated ego. She sees her performance as a reflection of her self worth. If she performs badly, she's not worth anything.

Coping Techniques

- React differently: The Bellower expects people to either bellow back or cower and run away. She is prepared for both of those reactions. Do something she doesn't expect—stay calm; avoid a battle.
- Give her time to blow off steam: Use the model. She has a lot of emotions to express. Let her vent.
- Sometimes you may choose to stand up for yourself. You can do this by matching the Bellower's intensity and making a strong statement. But don't actually fight with her; she is better at yelling than you are, and a yelling match won't resolve the situation. A forceful statement may slow the Bellower down long enough to get her attention: *I don't want to fight with you. Let's look at this more calmly.*

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The Nipper

The Nipper likes to pick at people, to nip at them. He likes to make others look bad. A Nipper may spend the whole meeting saying subversive things like: *Where do you get your ideas? That suit doesn't really look good on you does it? Look how many typos are in this memo...*

Reason: Lacks power. He makes you look bad so he looks better.

Coping Techniques

- Bring the fight out into the open: The nipper counts on the fact that his victims will try to avoid a public outburst Confront the nipping publicly: *Your comments are disrupting the meeting. Do you have something constructive to add?*
- Ask questions—force him to choose between a conversation or a real fight. Ignore the comments and try to get him involved with the meeting.

The Sulker

The Sulker gives people the "silent treatment."

Reason: Wants attention. The Sulker may have hurt feelings or want to talk about something, but she is not a good communicator.

Coping Technique

- Ask questions that require more than"yes" or "no." The Sulker will resist talking. If you ask questions that she must answer in full sentences, she may start to loosen up and communicate with you. A gentle confrontation can be useful here: *It looks to me like you are upset about something. Let's talk about it and...*
- Be persistent and supportive. Sometimes a Sulker wants to be coaxed into talking. You have a choice. You can be supportive and say: *I really want to hear what the problem is.*
- Set time limits on silent episodes. You can indicate that you want to listen, but you don't have time to wait until she is ready to talk. You might say that you only have 15 minutes to talk to her now, but you would be happy to discuss it with her later when she feels she will be able to.

The Prophet of Doom

The Prophet of Doom is always overwhelmed by life. He is sure nothing will work the way it is expected to and the result will be nothing but disaster.

Reason: Lacks power. The Prophet of Doom tends to feel helpless in the face of things.

Coping Technique

- Don't get caught in his negativism. A Prophet can infect others with his gloomy attitude. Don't let him bring you down.
- State your perception of the situation in a nonthreatening manner. Hold on to your expectations of the situation. Simply say: *I can appreciate your concern; I think it will go better than that.*
- Ask "What if . . . ." Prophets don't really have a specific reason for feeling that disaster is imminent. They just "know something awful will happen. . ." Try to help them be more specific. Ask questions like: *What do you think will happen if we do this? Why won't this work?*
- Invite a worst case scenario. Ask them what is the worst possible thing that could happen in the situation. Generally it is not as bad as they think it will be. At least you will have specific objections to talk about.

The Whiner

The Whiner finds fault with everything. She makes extreme generalizations using words like "everything," "always," and "never." "Everything happens to her." "There is always a problem." "She never likes my work."

Reason: Lacks power. A Whiner feels that nothing can be changed.

Coping Technique

- Listen closely; make her feel important. A Whiner whines because she doesn't know how to get attention any other way. She is accustomed to people not listening to her. Your attention may surprise her enough to make her start working with you to problem solve.
- Remember, she's used to being passive. A Whiner can be frustrating. She is used to not acting; it may take some time to change her behavior.
- Ask her to be specific. [See the Prophet of Doom].
- State the facts and go on to problem-solving. Whiners can get caught in feeling sorry for themselves. A statement that acknowledges the facts and moves on to discussing the solution is often useful: *You're right this is a tough situation. Let's take a look a what we can do.*

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These are some personality types that you may see frequently. It can help you to know what makes them tick and why they feel like they have to act the way they do. The descriptions are intended to help you understand what motivates some people. Everyone will see bits of themselves in these descriptions. At one time or another, everyone has been the Bellower or the Nipper. And you will probably recognize your friends and family too.

The suggestions for coping with these types of people should be considered last resort. These are flashy techniques for handling people, not good communication strategies.

Wrapping it All Up

We hope that you can use these new communication skills to make your job and your life easier. While the model may still feel new and awkward to you, the more you practice, the better you will feel about it.

The most important skill to remember is your new ability to step back and look at how the communication is going. You now know how to examine how your conversational strategies affect another person and how they affect you. This gives you a lot of power in communication. Use it wisely.

Good luck and good communicating!

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Points to Remember

1.

2.

3.

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Communicating in Health Care Settings

Certainly, the content of communication is important in health care. To some extent, good communication relies on accurate information, competent explanations, and clear directions. But more important to good communication are the relationships that are established as we talk with each other. We don't just pass ideas back and forth. We work to build and maintain relationships with other people. How we say things continually contributes–in either negative or positive ways–to the relationships that we build through our words.

Let's consider here some of the facts of hospital life that make communication difficult. As you read, try to think of situations in your particular work situation that you are reminded of. Take the time to make short notes (in the margin or elsewhere) that either support or contradict the points made in this discussion.

Hospitals are tense places

We should never lose sight of the fact that hospitals produce tension and anxiety in those who work there. Illness is present, as is death. Dangerous chemicals and equipment are present. People must constantly make important decisions about what to do and how to do it. Risk, exposure, and liability color conversations. Everyone knows that good intentions are not sufficient to protect oneself from lawsuits or self-doubt. These aspects of the hospital setting mean we must be careful about what we write or say. Emotions must be guarded and words carefully measured. Uncertainty must sometimes be hidden, and language must always be used carefully.

Nor should we lose sight of what hospitals do to those who arrive for treatment. Patients made anxious by disease are made uncomfortable by unfamiliar surroundings. People who are accustomed to being in control must surrender control to a large group of unknown specialists. Patients are stressed by being in the hospital, weakened by disease, disoriented by drugs and treatments. Patients know medical treatment is expensive and that insurance companies are reluctant to pay the full costs. So patients are threatened not only in their health but in their finances.

What happens to communication under such stress? People lose their tempers, they become demanding, and they take out their frustrations on others. They become impatient and uncooperative. Tension and anxiety influence what people are able to hear and how they interpret what they do hear.

The hospital setting is not normal and we can't expect people to communicate in normal ways.

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Hospitals are busy places

Hospitals feel busy–crowded lobbies and waiting rooms, people moving around quickly, paper everywhere, equipment and patients being rolled about. People who work in hospitals feel busy–too many patients to take care of, too many interruptions, too little time to deliver quality attention to patients and to the demands of the job.

Good communication takes time. You need to feel that both of you are relaxed enough to attend to each other. If someone is trying to tell you something, but you have a dozen other concerns on your mind, how can you really listen? Maybe you try to talk with someone, but you sense that person is really too busy to listen to you. Perhaps the person looks at her watch or shuffles through papers or taps a pencil on the desk. All such cues of body language say "Hurry up–I don't have time to listen to your problems." Instead of communicating and building a working relationship, you end up feel ignored or mistreated.

It is frustrating to realize that someone is not concentrating on what you are saying. But it is typical in situations where everybody feels busy.

Everybody gives orders

The hospital is a very task-oriented workplace. Much needs to get done and there are many levels of jobs and supervision to make sure the jobs get done. "Do this" and "Do that," "Get me this" and "Take care of that." All day long, people are giving orders to other people, telling others to do something. And often, the orders are delivered with urgency. It is not just "Do something" but "Do it now!" *Stat*, we say, insistently, in the language of emergencies.

In busy situations with lots of people giving orders, communication may not follow normal rules of politeness. It is common for hospital workers to complain about being bossed around by everyone else. Frequently, workers feel that they are not treated politely and with respect. Part of this is the result of the urgency that characterizes hospitals–there is much to be done and it must be done now. So people may skip saying "Please" or they may be too blunt or too demanding in the ways they use language. They use fewer words, more commands, and a more blunt approach.

We are all sensitive to how we are being treated by others. We are tuned into the little communication signals that convey respect and that demonstrate a good working relationship. When someone else doesn't convey the politeness or respect we feel we deserve, we become offended and perhaps uncooperative. These feelings are normal–they are extremely common in health care settings.

Hospitals are characterized by status, rank, and authority

Think about the levels of authority or status in a hospital workplace. Suppose you tried to draw a diagram of all the supervisors, coordinators, and managers. Suppose you tried to include all the patterns of authority–who gives orders and who receives orders. It would be a complicated diagram.

Hospitals are characterized by a very wide range of status. At one end of the status hierarchy are the doctors. There is probably no job in our society with higher status than that of physician. They have more education and training, and they tend to make more money than others. They are not even real hospital employees; rather, we say they have staff privileges.

At the other end of the status scale are those who keep the hospital running–maintenance and housekeeping, cafeteria and laundry. Many levels of wages and education are represented in the hospital staff–from people who have not finished high school to those who have spent practically their whole lives in advanced schooling.

In a normal day at a hospital, people representing a wide range of status are in constant contact. Where else would you find so many different specializations communicating with each other everyday at work? If you worked in a department store, you wouldn't have all these people of different education, status, and training running around. Status differences are highlighted in health care organizations because so many people of unequal status interact daily.

Our language training and the manners we learn at home and at school tell us to respect status. The rules say to be especially polite, to show respect, as we go up the status hierarchy. In the health care setting, the staff constantly must adjust speech to the wide status hierarchy. This puts a strain on communication, both when status is respected and when it is not. It's a strain, too, because we are taught to observe rules that tell us to speak one way to those above us and another way to those below us. In other words, status forces us to keep creating relationships that are not equal. Our language continually forces us to recognize inequalities in who we are, where we come from, and what we do.

The hospital reflects social divisions of gender, race, language, and social standing

Does the word *doctor* make you think of a man? Does the word *nurse* make you think of a woman? What about *nursing assistant*, or *records clerk*? What about *manager, cafeteria worker, secretary, vice president*, or *security officer*? The divisions of gender–of the roles that we expect men and women to play–are especially striking in hospitals. As you look around the hospital, are there clear tendencies for women to be in certain positions and men to be in other positions? Who manages? Who cooks and serves the food?

When workplaces are biased along gender lines, it tends to stress

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communication. Health care has always been a field that employs a large number of women. And like other workplaces, it tends to reflect the bias of keeping women in lower status, less well paying positions.

When we consider how gender differences affect communication, we need to think about how people are brought up–how they are socialized to behave as men and women. Those who study gender differences suggest that men tend to be independent, they tend to view conversations as arguments, and they tend to dominate conversations and control topics. Women, in contrast, tend to be more sensitive to relationships. Women value intimacy more than men, and they place more emphasis on how people are feeling and reacting as they communicate. Women may assume that the point of a conversation is to explore solutions to a problem; men may assume that conversation is a way of fighting and a matter of winning.

In addition to large percentages of women workers, health care settings tend to have large numbers of hispanics and blacks, especially in the lower paying jobs. The workplace reflects the inequities in the larger society.

In the case of hispanic workers, the difficulties of communicating across cultural groups is intensified because of language boundaries. Languages in contact–for example, the use of English and Spanish in the same workplace (or English and Navajo)–tends to make some people feel included and others feel excluded on the basis of language. People feel left out of conversations and sometimes feel they are purposely excluded. English-only speakers feel that bilingual workers shouldn't use Spanish because it makes them feel left out. Spanish speakers may feel most comfortable using their home language, especially when relaxing over lunch or at break.

Those who are bilingual often feel that English-only speakers don't like or respect Spanish, even though they often need it. Bilingual speakers–from housekeeping or patient care–are often called upon to translate for Spanish-speaking patients. The translators often feel burdened by the need to translate. It disrupts their work and is really not considered part of their job duties. They feel used, because they happen to be bilingual.

The mix of gender, language, ethnicity, and social class will continue to characterize the health care workforce. We will see fewer white men entering the workforce and increasing numbers of women and minorities. These changes will continue to put stress on working relationships and communication. We need to find ways to improve communication across language and cultural groups, and we need to find ways to remove bias and discrimination from the workplace.

The hospital is a high tech workplace

Hospitals are an information-intensive environment where technological change occurs at a dizzying pace. Hospital workers are constantly having to learn how to use new equipment and how to follow new procedures. This means workers must learn from highly technical manuals and read complicated documents. They must also explain difficult procedures to co-workers and patients.

This technology can be intimidating. Instead of working directly with people, hospital workers are dealing with machinery that must be precisely maintained.

To meet the challenge of this evolving workplace, workers need to be adaptable, which means that they need to have sophisticated reading, writing and oral communication skills.

The hospital is a bureaucracy

The word bureaucracy suggests a complicated organization. Hospitals are bureaucracies–complicated workplaces with many levels of workers, complex reporting relationships, and conflicting purposes.

Bureaucracies threaten good communication. People lose track of who is responsible for what. It becomes difficult to say who has authority for something or how to initiate a change. People become insecure about their identities within the organization. There are too many offices, too many procedures, too much paperwork. Everything seems to detract from one's ability to do a good job.

Hospital staff often feel they are left out of decisions or that they are not informed about what is going on. Within their own groups, they may feel their managers don't share information or that they do not meet frequently enough on a department level. Some staffers complain that they learn what's going on in the newspaper. Others say that no one pays attention to their complaints or suggestions. These are characteristic feelings in a bureaucracy. People feel unimportant, uninformed, or unappreciated.

In a bureaucracy, grapevines tend to flourish. People learn from co-workers about changes in procedures, or job postings, or reorganizations. The grapevine tends to be unreliable, both in terms of the accuracy of information and the consistency with which people learn. Grapevines can't be eliminated, especially in large organizations. Smart bureaucracies take advantage of the grapevine to spread accurate and timely information.

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The hospital offers care but must make a profit

When hospitals were community-based, charitable organizations, they could afford to concentrate solely on quality care. Now, however, hospitals must meet conflicting expectations. They must try to balance the demands of quality care with the need to make a profit. They must continue to serve the indigent public and to live within the "reasonable and customary" charges as determined by insurance companies and federal programs.

Many of those who work in hospitals have values that conflict with profit motives. Many choose health care as a profession because of strong desires to help others through quality care. They see contradictions in health care because hospitals are businesses as well as health care providers. Hospitals are characterized by tough ethical dilemmas that must balance competing purposes. Who deserves treatment? Who receives the use of what equipment? When do we send patients home? What can we do for those who are poor or uninsured? What is a "reasonable and customary charge" for care that is changing constantly and that is always delivered to individuals with their own needs? What price can we put on helping people become well and happy?

What can we conclude about communication in health care settings?

We can conclude that communication in health care setting is difficult. The hospital is an unusual place and the language, too, is unusual. You will be frustrated and disappointed if you expect people to observe normal rules of polite conversation. Too much is at stake in the hospital setting. You should be careful to distinguish the language that people use when they are in a hurry or under pressure from language that is truly intended to be rude. You can train yourself to be slow to take offense and quick to grant others some leeway because you understand the pressures of working in a hospital.

If you pay attention to language, you can see it as something interesting and challenging. Watch how people behave with language. Notice how people observe status distinctions or cross-cultural communication. Pay attention to how people communicate not just with their words but with their bodies. The hospital is a very rich language environment. Think of it as a laboratory where you can observe and learn about human behavior.

Above all, remember that we are all creating and sustaining relationships as we talk with each other. Most of us want to be respected, appreciated, and liked by others. We want to contribute as part of a team. We will do practically anything for a co-worker if we are asked politely and treated with respect. We share goals for quality care and we normally share good intentions toward each other.

Language is one of the means we use to create a comfortable, productive working community. We should pay attention to how we use language and how to use it better.

Straight Talk Teacher's Guide

Straight Talk was developed by **Step *Ahead*:** A Partnership for Improved Health Care Communication. **Step *Ahead*** is funded in large part by the U. S. Department of Education as a National Workplace Literacy Demonstration Project. Our other partners include The New Mexico Coalition for Literacy and seventeen hospitals within the State of New Mexico.

As a demonstration project, we are eager to share these materials with others who are engaged in not-for-profit literacy work. If you would like to use our materials, please write for permission to:

Step *Ahead*
New Mexico State University
Department of English, Box 3E
Las Cruces, New Mexico 88003

505-646-3931

We gratefully acknowledge the assistance of our partner organizations and especially wish to thank our many students who told us it really did make a difference.

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Dr. Stephen A. Bernhardt and Dr. Paul R. Meyer, Co-Directors

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Introduction

Straight Talk is a basic course in oral communication developed especially for hospitals It is designed to be taught on-site and to complement a hospital's other training and staff development efforts. The topical focus is workplace communication. Interpersonal communication, including client relations (dealing with patients and visitors) and co-worker communication, is emphasized.

Straight Talk is designed as a 16-hour course, with eight two-hour sessions. It can be adapted to other schedules. The course does not offer university credit, but it has been (or is being) approved for continuing education credit for nurses and other health care professionals in New Mexico.

The course is intended to serve a wide variety of health care workers: nursing assistants, dietary staff, housekeeping staff, patient account representatives, medical technicians, nurses, supervisors, and other hospital employees. Teachers of the course are encouraged to adapt the course to various mixes of these audiences.

This **teacher's guide** is intended as an aid to teachers of the course, both to those teaching for **Step *Ahead*** and others who may be using our materials in other locations. It explains the philosophy of the course, offers some sample lesson plans, and describes how teachers can adapt the course to make it more work-related and more responsive to different audiences.

Straight Talk was developed by Paul Meyer and Stephen Bernhardt of New Mexico State University as part of **Step *Ahead***, a Workplace Literacy Demonstration Project funded primarily by the U. S. Department of Education. **Step *Ahead*** develops and offers short courses in basic skills to employees in New Mexico hospitals. Courses focus on reading, writing, oral communication, teamwork, and problem-solving. **Step *Ahead*** also works with the New Mexico Coalition for Literacy and local literacy groups to establish workplace-related tutoring efforts on site in the workplace.

Philosophy of Straight Talk

Straight Talk is based on the premise that all health care workers need good oral communication skills. We believe that improving workers' communication skills benefits a hospital, its employees, and its patients. It results in better morale, improved teamwork, and increased efficiency. Better communication skills help workers in their jobs, makes their work more pleasant, and improves their chances for advancement. Better communication also directly improves patient care. It reduces risk and prevents costly misunderstandings and mistakes.

Straight Talk uses class discussion, homework activities and role-playing to teach participants about oral communication and to help them sharpen their communication skills. The course is meant to be participatory, with students asking questions, contributing examples from their work and their lives, and bringing to the table issues that affect them on a daily basis. We expect class discussion to drive much of the learning in the classroom.

Straight Talk is based upon current communication theory (especially transactional analysis). It is designed to give workers a better understanding of communication and more control over their own communication. Transactional analysis assumes that communication is most effective when individuals adopt a cooperative and helpful attitude toward others. It encourages individuals to care about others and to be good team players. It values active listening, patience, open-mindedness, honesty, negotiation, and assertiveness. Specific techniques for cooperative communication include effective body language, paraphrase, questioning, and conflict resolution.

The teacher needs to stress that effective communication is more often learned than taught. What students learn will depend on how much energy and attention they give the course. Students are expected to read and respond to assigned readings. The teacher needs to stress that the assignments will take time. People taking the course need to agree to undertake the effort. It costs a lot of money to deliver these courses–students who don't do the work or attend sporadically waste a valuable resource.

All questions are relevant–big and small. We think it is important to attend to whatever questions come up. Teachers should try to give reasonable answers to questions, but they aren't expected to know everything. "I don't know" is often an appropriate response.

Straight Talk was developed in a hospital setting. Nurses, nursing assistants, patient account representatives, physical and respiratory therapists, secretaries, ward clerks, transcribers, pharmacists, technicians, physical plant workers, cafeteria workers, housekeepers, supervisors, managers, security guards, emergency medical technicians, and paramedics have all taken the course and provided us with feedback for revising it and making it more relevant to their jobs.

Course goals

Participant Goals

Straight Talk is designed to improve the communication skills of participants. Specific goals are listed on page 1 of the coursebook. Students are encouraged to add goals for themselves.

Participants should improve their ability to listen, to paraphrase, to negotiate, and to communicate in a positive way with clients and co-workers. They should feel that they have benefited from the course. Instructors should pay close attention to course evaluations to see whether participant goals are being met, and should revise the way they teach the course as seems reasonable.

Instructor Role

Most of the time Straight Talk is taught by a team of two instructors: a lead instructor and an assistant. Two instructors can do a more thorough job of covering material and allow the class to be divided so that activities like role-playing can be done more efficiently. This is also our primary way of developing new instructors. Assistant instructors learn how to teach the course by working with a master teacher. Two instructors also provide interest for the students, and the inevitable disagreements between the two instructors about particular issues can lead to productive class discussion about what good communication is and how to achieve it.

Instructors should try to achieve good attendance levels and full group participation. They should try to give each participant at least two opportunities to roleplay during the class. They should encourage employees to do the homework and to practice their communication skills at home and on the job. Instructors should try to bring participants' work and life experiences into the class. To the extent possible, instructors should adapt the course to the particular audience they are teaching. Instructors should also maintain good records. They should make sure to administer and collect pre- and post-tests and course evaluations.

Instructors need to convey enthusiasm and belief in the worth and the potential of the students. Many of the outcomes of our instruction have to do with somewhat subjective goals: enhanced self esteem, lessened anxiety about communicating on the job, and a belief that good communication is worth working toward. The course should lead to good feelings toward others in the hospital and a sense that improvement is possible through teamwork.

The instructors should be personable and animated, displaying a good sense of humor and a genuine interest in the students' well being. Instructors should be professional. As representatives of New Mexico State University, instructors should dress professionally, use professional language, and exercise professional decorum.

If you suspect you have someone in the class who can't handle reading materials at the level of the coursebook, be considerate. Don't pressure the person to do the pretest and posttest or to write in the coursebook. Even nonreaders can benefit from class discussions and activities. If you have a chance to have a discrete conversation with such a person, you might suggest the possibility of one-on-one tutoring.

Instructors should act in ways that reflect the best interests of the hospital. They should discourage personal gossip and should encourage students to act in ways that support the best interests of the hospital. In our classes, information arises that could be damaging to other workers, to the hospital, or to the relation of hospital to community. In such situations, the privacy of the workers should be protected. When in doubt about what to do with information learned in class, talk with one of the project coordinators (Meyer or Bernhardt) or with the hospital **Step *Ahead*** coordinator.

Evaluation

For program evaluation purposes, two evaluation questionnaires will usually be used. Students will fill out a course evaluation form specifically targeted at what they learned in **Straight Talk**. They will also usually complete a second standard course evaluation questionnaire from the hospital.

Students knowledge of course subject matter will be evaluated by pre-post testing. (The tests are not included in the coursebooks.) In the first class students will be asked to explain in writing what they would do in a given communication situation. In the last class they will be asked to explain what they would do in a comparable, but different, situation. These tests will be scored for the presence or absence of specific features that reflect what is taught in the course:

Is the response empathetic?

Does it paraphrase the other person's concerns?

Does it give the other person choices?

Does it reflect an attempt at cooperative communication?

Sample Daily Lesson Plans

The following lesson plans are provided as an aid to help teachers plan and budget class time. They do not have to be followed slavishly but do give teachers a good idea of how class time is meant to be spent. Each lesson plan has a brief narrative description of class activities and goals and a temporal outline or plan. Each plan assumes a two-hour class session. In the examples we assume it takes place from 10:00 to 12:00. Typically the course will be teamtaught. The team should meet before class and decide who has leadership responsibility for each activity. Some activities work well if one person writes at a board or on a flip chart while the other fields input from the class. Teachers should adapt these lesson plans to their own situations.

Class 1 Introduction to course. What is good communication?

The first class is designed to introduce the course and its instructors, to get participants thinking and talking about communication, and to present an overview of the communication model the course is based on. The class should center on the goals and concerns of the participants and should largely be group discussion.

9:45 Instructors arrive. Get attendance sheets. Set up room. Make sure that overhead works, that there is chalk, pens, or whatever is needed. Greet and talk with students as they arrive.

10:00 Distribute name tags, with first names in large print.

10:10 Instructor introductions. Brief course overview. Explain organization and philosophy of course.

10:20 Have participants introduce themselves.

10:30 Discuss course goals (p. 1). Participants are asked to volunteer goals to supplement those listed in the coursebook. Add goals to overhead transparency.

10:40 Conduct pretest. Before doing pretest, explain that we use pre- and posttests to evaluate ourselves and our course–to see whether participants are learning what we want them to–and not to evaluate them. No one but us will see what they write. Hand out pretest. Give the class five to ten minutes to complete it.

10:55 Discuss good and bad communication (p. 6). Ask each participant to finish the statement, "When I think of bad communication at the hospital, I think of ..." The goal is to allow every participant to speak and become involved in the class. Write student responses on board or overhead. Get ideas about roleplays to do later in the class.

11:20 Ask students to think about and jot down some notes about a frustrating communication situation (p. 7). For homework they will be asked to write up this description.

11:30 Discuss the way good communication benefits individual employees, hospital clients, and the hospital (p. 8).

11:50 Discuss homework assignment (p. 2). Suggest how students might flesh out their description of a frustrating communication situation. Preview the next class.

Class 2 Listen. Discuss. Act: A model for effective communication.

10:00 Discuss homework: the reading (Communication in Health Care Settings) and the communication description.

10:20 Overview the communication model.

10:40 Discuss things that impede and improve communication (p. 9).

Break?

11:20 Discuss staff-client relationship and Patient Bill of Rights. What are their obligations and responsibilities to hospital clients and to co-workers? Keep track of responses on board or overhead. What are the consequences of their attitudes and behavior toward clients and co-workers?

11:45 Turn attention to "Points to Remember" (p. 52). Have each student fill in two or three important ideas from the first two class sessions–things that are really worth remembering. Maybe they were in the readings, or something a student said or thought, something the instructor said. Have students record at least two ideas before leaving.

11:55 Preview next class.

Class 3 Listening

10:00 Discuss readings.

10:20 Discuss goals of active listening. Get classes ideas first. Teacher should work to persuade group that we don't just use active listening to understand. We use active listening **to show the other person that we understand.** It is only when the other person is satisfied that we really do understand, that he or she will be ready to move on in the conversation. By using active listening to show that we understand, we make sure that we really do understand and we enlist the other person's cooperation in the conversation. Instructors might demonstrate this point through a brief roleplay.

10:30 Discuss Empathy. Have students practice making empathetic responses (p. 16).

10:45 Discuss body language (p. 17). After the discussion have students pair up. Each person from the pair gets a turn where they speak for one minute (time it) while the other person just gives positive feedback (good body language and verbal cues to encourage the person to keep talking). Then have each person spend 30 seconds speaking with the other person giving negative body language.

Break?

11:10 Discuss paraphrase: repeating the essence of what the other person says without denying its validity or getting defensive. Example: "What I hear you saying is. . ." Lead students through paraphrase practice (p. 20). Highlight good paraphrases. Don't be too critical, but try to guide students toward good paraphrases.

11:30 Instructors do a sample bad and good communication roleplay for the class. One that works well is the Cashier Roleplay:

> One instructor plays a cashier, the other a timid hospital client clutching a bill for a former hospital stay. The hidden problem is that the client cannot pay his/her bill.

Do a bad roleplay first. Have the cashier ignore the patient, be abrupt, and unsympathetic. Have the client respond negatively: either getting upset and crying or getting angry and leaving. The roleplay should only take a minute or two. Ask the class for a critique of the cashier's behavior. What did the cashier do wrong?

Do a good roleplay. Have the cashier be upbeat, sympathetic, and helpful. Have the client respond positively and cooperatively.

11:45 If there is time, do a roleplay with a student volunteer.

11:50 Preview reading and next class. Answer any questions.

Class 4 Listening Practice

Most of this class should be spent in role-playing that emphasizes active listening, empathy, and paraphrase. If the classroom situation allows, divide the class into two separate groups, with one instructor leading each group in roleplays. In the beginning it's good to have the instructor take the client/co-worker role, responding appropriately to participant behavior: positively to student attempts at empathy and paraphrase, negatively to defensive or offensive responses. This works especially well with the hidden agenda roleplays described below. Later the instructor can try roleplays where participants play both roles.

Roleplays should be brief and should deal with work-related situations. Class critiques of the roleplays should include praise of participants and should be open to alternative suggestions. Both the possibilities of the transactional model and its drawbacks should be recognized.

10:00 Discuss reading.

10:10 Listening practice.

11:00 Break.

11:10 More listening practice.

11:30 Bring back larger group. Discuss use of questions to clarify (p. 21), behaviors that short-circuit communication (p. 25ff), when to move on (p. 27).

11:45 Discuss homework: Ask people to try out their active listening skills at least once in a fairly safe situation. Ask them to be ready to talk about their attempt next class. Answer any questions.

11:55 Points to Remember (p. 52). Fill in 2-3 for this week.

Extra roleplay possibilities:

A. **Hidden agenda roleplays.** Roleplays where the student/hospital worker only learns important information or gets cooperation from the other person if he or she listens actively.

Aids patient roleplay. Intake clerk with bleeding patient (from car accident) in emergency room. Patient will only reveal that he/she has Aids if the clerk is an active listener.

Visitor roleplay. Security guard with hospital visitor. Visitor is in intensive care to visit girl friend. It's not visiting hours and the doctor wants the visitor to leave. If the security guard is an active listener, he or she will get the guard to cooperate. Otherwise the visitor will get agitated and cause an incident.

B. **Workplace roleplays.** Realistic roleplays where there's no simple solution.

Bored patient roleplay. Housekeeper with patient. Old man/woman in hospital for tests is bored and uses complaint of pain as an excuse to stop anyone who enters room and get them to listen to him/her. Class can discuss what is appropriate in that situation, where to draw the line.

Heart-attack roleplay. Physical plant worker with older patient. Physical plant worker enters room to change light bulb. Patient complains of chest pain and numbness in arm, asks worker to get nurse.

Co-worker complaint roleplay. Co-worker complains about supervisor. To what extent should you empathize and paraphrase? What response is appropriate? Inappropriate?

Teachers are welcome to use these roleplays but are encouraged to develop ones that are more appropriate for their actual classes.

Class 5 Discussing

10:00 Discuss homework assignment. How well did students' trial of the communication model work out? Discuss successes and failures. Why is it hard to actually use these skills in practice? Do we fall back on old, ineffective behaviors?

10:30 Discuss the goals of discussion, open/closed questions.

10:45 Discuss behaviors that short-circuit discussion.

Break?

11:00 Discuss techniques for guiding conversations.

11:15 Roleplays. Use roleplays from work situations that require discussion/negotiation between participants. Examples: Convincing a subordinate to cooperate more with a co-worker he or she does not get along with. Physical therapist convincing an uncooperative patient to do his or her therapy. Paramedic trying to get a hyperventilating father to make a decision: either to get in the ambulance and go to the hospital or to sign a release form allowing the paramedic to leave. Housekeeper trying to convince her supervisor to let her change the way she sets up her cart.

11:50 Preview next class. Assign reading. Answer questions.

Class 6 Discussing Practice

10:00 Discuss reading.

10:20 Discuss communication styles.

10:30 Go over approaches to coping with criticism and work through exercises (pp. 37-38).

Break?

11:00 Brainstorm the following conflict situation:

Supervisor Conflict Roleplay. Your supervisor has been very critical of your work lately. She doesn't seem to think you're getting enough work done, and she thinks you're making too many mistakes. You know you've made a few mistakes, but you're trying hard. You want to do a good job, but you're worried that nothing you can do will change your supervisor's attitude toward you. You want to have a serious discussion about this problem with your supervisor, but you have a temper and are afraid you'll tell off your supervisor to her face if you have the conversation.

Discuss with the class some alternative strategies for dealing with this problem. Flesh out the situation with more details if you want to. Roleplay the situation.

11:20 Do another criticism roleplay.

11:50 Points to Remember (p. 52). Fill in 2-3 for this week.

Class 7 Acting and Confronting

10:00 Discuss reading material. How to end a conversation. The importance of follow-up.

10:20 Self-assessment. Students evaluate their own oral communication behaviors and their opinion of the communication model. Discussion of the usefulness of the model and its drawbacks.

10:45 Discuss conflict situations. Work through coursebook materials (pp. 44ff). Instructor should depict dealing with conflict situations as a kind of advanced application of the communication model. Conflict situations differ from other communication situations discussed in the course in two ways: (1) communication is usually with someone more directly involved in a person's life (a spouse, a boss, a subordinate, a daily co-worker) and (2) the stakes are usually higher. Conflict situations include not getting along with a co-worker or having to deal with abuse or inappropriate behavior. In conflict situations it's important to have good control over what you say.

11:00 Break

11:15 Do more roleplays. Try to make sure that everyone has had a chance to do at least two.

11:50 Preview next class. Answer questions.

Class 8 Wrapping up. Evaluating Course.

10:00 Discuss reading. Problem people.

10:20 Review Points to Remember. Ask students to share what they've written down. Discuss similarities and differences. Answer any questions.

11:00 Break.

11:15 Have students complete posttest. Remind them why we do posttest–to evaluate the effectiveness of instruction. Give students 5 to 10 minutes to complete it. Collect it. Discuss it if students want.

11:30 Pass out course evaluations and collect them. Share warm fuzzies. Ask them how they feel. Find out what they think should be done differently in the course. Take notes about these. Ask them to say good things about course to supervisors and co-workers. Say bye-bye.

Customizing the course

- Do what you feel is helpful to the participants. Encourage them to bring up examples of communication from their own workplaces and lives. Work in a discussion of their specific problems if they want to, but avoid naming names or getting too specific.
- Encourage interaction: be a friend to the students. Develop a good friendly atmosphere in class. Do everything you can to create a comfort zone for good communication.
- Use praise liberally and criticism judiciously. Try to make only positive comments. Highlight what people do well. When you discuss alternative choices that someone could have made in a given situation, be nonjudgmental. Stress alternative approaches, rather than right ways and wrong ways of communicating.
- Encourage people to tell their stories: what is communication like in their jobs? What is most difficult? What funny misunderstandings have happened? Encourage them to describe situations where conversations went particularly well. Encourage them to share their communication strategies–even if they clash with those of the course. Be open to ideas. Take notes about good ideas.
- If you encounter an especially good communicator, make a note of that person. Consider asking her to come talk to a future class.
- Getting good work from busy people is a challenge. Your role is to persuade, cajole, pressure, encourage, and praise people for doing the assignments, reading the readings, participating energetically.

Record Keeping

- Keep good daily records of attendance. Work out the recording methods with the hospital coordinator.
- Keep up with the course. Return descriptions of communication situations that people turn in. Include positive comments and a note of thanks.
- Save the pretest and posttest. Make sure participant names are on them, and try to get everyone to turn them in. Exception: if you think someone is not doing the pretest because their reading skills are too low, don't pressure him or her to complete the exam.
- Keep notes on how the course goes. If there is too much to accomplish, figure out how to get back on track. Let us know if you think we expect too much on one day and not enough on the other. Let us know about errors in the materials, unforeseen problems, or areas we could improve.